

2019 CHINA TRIP Confucius Institute Troy University Study Abroad Program

Directions: Complete all relevant blanks, then sign and give to Austin Deal (021 Bibb Graves Hall | Office phone # : 334-808-6544) along with a deposit of **\$500 in the form of a CHECK made payable to TROY UNIVERSITY FOUNDATION** (refunded once plane ticket is purchased) before December 1st, 2018. Please request a receipt if one is not given to you.

Withdrawal before **January 10, 2019 (11:59 PM)**: \$250 will be refunded.
Withdrawal before **February 10, 2019 (11:59 PM)**: \$150 will be refunded.
Withdrawal after **February 11, 2019 (12:00 AM)**: No money will be refunded.

A. PERSONAL INFORMATION

Name _____
Last Name First Name Middle Name

Current Mailing Address

Address City State Zip Code

Permanent Address _____
Apartment and/or Street Number City State Zip Code

Phone Numbers (_____) (_____) _____
Area Code + Current Number Area Code + Permanent Number

Age ____ Birth Date ____/____/____ TROY E-Mail: _____
Month / Day / Year

Male Female Smoker Non-smoker Roommate preference (if any): _____

Medical Information (list chronic conditions, allergies or other special health concerns and regular prescription medications that you need)

Emergency Contact

Name Phone Number

Address City State Zip Code

B. PASSPORT INFORMATION

Country of Citizenship:

I am applying for a passport

I have a current passport: _____
Number Place of Issue Date of Issue Date of Expiry

Full name as printed on your passport _____

C. ACADEMIC INFORMATION

College/University currently attending: _____

Major (or academic interest): _____ Class Standing: _____ GPA: _____

Are you currently enrolled as a **full-time student** leading to a degree or diploma? Yes No

Will you be applying for financial aid at your college or university? Yes No

D. COURSE SELECTION (Circle course name if receiving credits for this trip; if not, circle NONE)

Course: LCL 3301 | LCL 3302 | HS 3380 | HS 4491 | HSTM 2257 | NSG 2291| NONE

E. AUTHORIZATION AND WAIVER OF LIABILITY

Please read and sign the following statement:

I acknowledge that participation in a study abroad program involves some risk of injury, illness, or loss of personal property. I agree to release and forever discharge the institution through which I am registering for the program, Confucius Institute, Troy University, and the Hanban of China, and its officers, agents, and employees, from any and all claims, demands, rights, and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, including death, damages to property and the consequences thereof, resulting from my participation in the Summer Study in China-General Studies Program and related activities.

I hereby agree to maintain accident and health insurance in force and effect for the entire duration of my participation in the study abroad program. I further certify that, to the best of my knowledge, I am in good health and physically capable of undertaking an intensive program of foreign study; any medical or health-related problems have been explicitly described in this application.

I further agree that I shall be subject to the supervision and authority of the faculty in charge and to standards of conduct stipulated by the faculty in charge. I further acknowledge that the supervising faculty or program director has sole authority to make decisions regarding the continued participation of any individual in the program whose conduct may necessitate disciplinary action. Finally, I authorize the supervising faculty or program director to obtain and provide medical treatment and/or services that I may require during the study abroad program.

Finally, I agree to pay any small program price adjustment due to an unexpected price hike caused by air travel or currency exchange rate should such a change deemed necessary by program directors. I am aware that the deadline for submission of this application is **December 1st, 2018**, and I agree to abide by the deadlines for fee payment as follows:

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Signature of Applicant

Date

Signature of parent/guardian for applicants under 18 years of age:

Signature of Parent/Guardian

Date

MAILING ADDRESS:

Confucius Institute
023 Bibb Graves Hall
600 University Avenue
Troy, AL 36082

JACKET/SHIRT SIZE: _____